

Heatherbrook Nursing Home



**Heatherbrook
Nursing Home
80 Como Street
Romford
RM7 7DT**

Monday, 3 November 2014

*Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383*



What is Healthwatch Havering?

Healthwatch Havering is the consumer local champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

What is an Enter and View?

Under the Local Government and Public Involvement in Health Act 2007, Section 221 (2), Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dentists, to observe how a service is being run and make any necessary recommendations for improvements.

These visits are often prompted if Healthwatch Havering is informed of any issues about the service or after investigation, is of the opinion that such a visit is warranted. Healthwatch Havering offers advice and guidance to the service provider and will often visit those services which are reputed to carry out good practice in order to share the good news.

Background and purpose of the visit:

Healthwatch Havering (HH) is aiming to visit all the care/residential nursing homes in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

Background and purpose of the visit:

The decision to undertake this visit was prompted by:

- 1) A recent CQC Inspection Report
- 2) The fact that the Havering CCG has a block contract with the home for 18 beds for continuous healthcare dementia care (i.e. people with more complex dementia)

All Healthwatch Havering authorised representatives have undergone the following training:

- Enter and View
- Safeguarding Adults
- Mental Capacity Act
- Deprivation of liberties training

They have all undergone Disclosure Barring System checks.

Preparation and carrying out the visit:

Prior to the visit, the team had read and understood the recent CQC report on the home and the current position with LBH. The team had arranged an announced visit to the home to give residents and staff an opportunity to speak with the team.

About the home:

The Healthwatch Havering (HH) representatives rang the entry door bell and were greeted by the receptionist who asked them to sign in. HH representatives asked to speak to the manager after presenting the letter of introduction.

The manager of Heatherbrook Care Home has been in post since July 2014. She is a trained nurse and has a teaching qualification from Bradford University. She is very keen on staff training.

The home is a nursing dementia facility consisting of 45 single-bedded rooms, with 39 residents at present. Residents are cared-for over two floors with 20 beds on the ground floor and 25 on the first floor. 18 beds are available to Havering CCG under a block contract for people who have more complex care needs.

Staffing on the ground floor consists of four carers, one nurse and a one to one carer during the day on a twelve-hour shift, with one nurse and two carers at night. On the first floor there are four carers, one nurse and a 'one to one' carer during the day on twelve-hour shifts. At night there are two carers, one nurse and a 'one to one' carer. Staff absence and sickness, are covered by bank staff, as well as by established staff taking on extra shifts.

Care plans are reviewed via 'resident of the day' system once a month, unless they need to be reviewed more often. The home uses position charts to monitor turning of immobile residents. There are approximately ten residents who require this level of monitoring. Tissue viability nursing is not required at present as

none of the residents have ulcers.

Staff undergo 'e learning' for a number of training requirements including COSH, SOVA, health and safety, moving and handling, fire, food safety, medication awareness, infection control. Face to face staff training for 'dignity awareness' is planned for next Wednesday. Care plan training for nurses is planned for the following day. Similar training for senior carers is planned for after Christmas. At the moment they do not have an NVQ trainer at the home. End of life care training is being conducted. The home is not signed up to the Gold Standard Framework.

A local GP has a clinic at the care home every Tuesday afternoon. Every three months residents have their medication charts (MAR charts) reviewed with doctor, nurse and pharmacist in attendance. A local pharmacist provides all pharmaceutical services. A number of residents have covert medication and the manager has DoLs applications in place for all residents. None of the residents are on warfarin or are diabetics at present.

A well-known optician firm comes to the home every three months. A chiropodist comes to the home every six weeks. The manager had not needed to call a dentist since she had been at the home so was not able to say what was available for residents. Previously one resident had paid for a private physiotherapist to attend but none of the residents have this service at present.

One of the activities provided for residents is a pamper morning each Wednesday, when residents can have their hair done by a hairdresser and nails painted. There are two activity coordinators at the home. Some activities include seasonal themes such as - autumn leaf painting, Halloween and Christmas themes. Another activity is jam sandwich making and also cake making. Residents may only have fleeting attempts at activities but any involvement is encouraged. On Thursdays there is usually a cinema afternoon but at present there has been a leak in the roof in the cinema room and hence at present the cinema afternoon has been suspended. One resident was an engineer and they have been provided with Lego bricks and the resident makes objects with them. Residents were taken on a trip to Southend in September. A number of residents are taken to a local pub for lunch quite often. None of the residents have pets in the home but the manager brings in her puppy so that the residents can pet the dog, which they love to do.

Residents can have showers or baths at any time. There is no rota system for bathing. All residents require assistance to bathe or shower. One resident had a shower at 2 am in the morning because they wanted one, the manager said. Temperature charts are checked on a monthly basis. Residents are weighed on a monthly basis but if they are concerned with the resident's health they will be weighed weekly. Many residents have puréed diets or liquid diets as residents with dementia often have difficulty swallowing.

Residents/relatives meetings are held every three months. To the question how does the manager handle criticisms she noted one verbal criticism which she dealt with straight away. In answer to the question how does the manager try to ensure that abuse of residents is prevented she said that she had a whistle blowing policy in place. There was a safeguarding issue raised in August and the issue has now been closed. The face-to-face safeguarding training and dignity training are also important in the manager's view to ensure abuse does not occur at the home. There is a document that carers are given to carry around with them so that they can reinforce the dignity training. The manager also has done spot checks on staff early mornings (7 am visits) - the manager's hours are normally 9-5 pm and weekend checks.

There is no sensory room at the home as the manager is not sure that flashing lights and other sensory stimuli are good for residents. Her opinion is that stimulation of residents with dementia should be quieter and more individual.

There is a cleaning supervisor and two cleaning staff. It has proved quite difficult to recruit cleaning staff. The manager has recruited a new maintenance man who was the painter/decorator and a new painter and decorator has recently been appointed as the old maintenance man has recently left the home. The manager has embarked on a program of improving the home as the previous manager had not spent any money on improving the home. So far the lounge has been painted and three bedrooms. They are in the process of putting in a new kitchen and converting a room into a separate dining room as before there was just a room acting as a lounge/dining room so residents could not dine at tables in a more organized and routine way. The new dining room still requires a new floor covering at present there is still a very old stained carpet. This room is to be upgraded. Other room upgrades are also planned. The manager plans to develop a sensory garden area next year.

Residents have a choice of menu and a four-week cycle of dishes. Some residents take a lot of time to eat their meals such as 45 minutes to an hour.

Ground floor rooms

The new manager has instated a new dining room on the ground floor. It seemed bright with three tables and 8 chairs. The carpet in the dining room was very dirty and had bits of dirt on it. The wooden floor area near the dining room also had dirty marks on the floor with dirty marks on it. This room is currently being renovated as mentioned before.

One bedroom on the ground floor appeared clean with no smells apart from mild disinfectant. The room had personalized pictures on the wall. A water jug was available in the room.

Another bedroom had a resident in bed and they were calling out not to anyone just making a repetitive noise. The bedroom was clean with a lovely bunch of flowers in the room.

Another bedroom had a resident in bed asleep. A radio was on at a low level and the room was clean and smelt fresh.

Another bedroom on the ground floor had a resident asleep in a chair. No drinks visible in the room. Some crumbs on the floor near the chair.

Otherwise the room was clean and tidy.

A toilet on the ground floor was clean but the toilet required flushing and had toilet paper.

Bathroom smelt fresh. A part of the wheelchair was lying on the floor, which was a slight hazard. The bath chart in the bathroom had been filled in with an entry for the day before but the previous entry was three weeks before. There was no thermometer in the room. The taps worked in the bathroom with a little lime scale around the base of the tap. There was no toilet paper in the bathroom.

The sluice room appeared to be clean.

The heating system - fan in the corridor appeared to be very noisy but staff said that it was not normally that noisy.

In the little sitting room at the end of the corridor on the ground floor had two comfortable chairs in it. One of the chairs had a dirty mark on the seat and appeared to need cleaning. This was reported to the manager who said she would get it cleaned.

Nurses' office on the ground floor had an old dirty carpet and was quite small.

Bathroom on ground floor had floors which appeared old and a little dirty. The fan heater in the room did not appear to work. The sinks and toilets worked.

The lounge area on the ground floor had half wood and half carpet on the floor, which appeared clean. A number of residents were in the room and were talking to the care staff.

First floor rooms

Wooden floors on the first floor were clean. The lounge was quite a small room with lots of comfortable chairs around the edge. It had flower paintings on the walls and appeared clean.

Two bedrooms HH representatives saw appeared clean and had child gates at the doors but residents were not in these rooms at the time.

A bathroom we checked had taps that worked but there was a broken red toilet seat with part of the seat on the floor. The HH representatives mentioned this to staff and who said that this bathroom was not in use and usually it was locked. Charts on the wall for baths were last updated 10/10/14.

A toilet on first floor appeared semi-blocked when flushed. Water filled the toilet bowl and the water took a long time to drain. However the maintenance person was made aware of this and was looking into it.

Laundry

The laundry room had two washing machines both of which were working on the day but HH representatives understand that these machines can be temperamental. Similarly there are two tumble driers, which can be temperamental. The organization in the laundry is a little difficult to work with as although one half

of the room is designated as the dirty side and the other side the clean side, clean items have to cross onto the dirty side as washing machines are on the dirty side. The laundry manager works from 7am to 3pm. Carers sometimes put clothes in the washing machine but do not always have time. There was a heater on the wall but it did not work probably because it is too close to storage for safety.

Kitchen

The kitchen was large. Floors were clean but had a few bits on the floor. Vents are cleaned weekly. The work surfaces and sinks appeared clean and were made of stainless steel. There was a strict white coat policy for anyone entering the kitchens. One HH representative donned a white coat to inspect the kitchen.

Discussions with visitors

Visitor 1

The visitor said that they are made to feel welcome by the staff and can come in to see the relative when they want. They said that their relative is very difficult to deal with at times and it can be difficult for the staff when their relative requires dressing. The visitor says the bedroom is good as the resident can see the garden from the window. The resident usually eats meals in their room but is encouraged to eat in the dining room but usually chooses to eat in their bedroom. The resident is not able to talk but does enjoy playing magnetic darts and dealing out cards. The visitor visits their relative at least twice a week and other members of the family also visit.

The manager has dealt with all issues raised by the visitor.

Visitor 2

Another visitor of a resident comes to see the relative every day and is made to feel welcome by the staff. The relative helps with feeding the resident because they want to. The resident has great difficulty swallowing, so feeding is difficult and can take a long time. The relative is offered food and drinks while they are at the home and made to feel very welcome. The visitor feels that the resident is well cared for by the staff.

Discussions with staff

Two carers/nurses who do three- or four-day twelve-hour shifts said that since the new manager has been at the home there has been good changes such as implementation of staff uniforms and more interaction with the manager, staff and residents. They also said that they have had more training and will be undergoing training the next day. In answer to the question are there enough staff to do the work they said usually although when staff are absent at short notice it can be difficult. In answer to the question regarding how many staff operate the hoist the carers said always there are two staff to do this. When bathing residents they use thermometers to test temperature of the water and this is recorded on forms.

The housekeeper has been at the home 13 years and works 7am to 4pm four days a week and is in charge of the cleaning and laundry and has six staff.

The staff work 8 hours each day with one cleaning staff on each floor. Morale has been better at the home since the new manager has started. There is 'e learning' training and staff are encouraged to do the training which can be done on computers at the home or at home.

Two other carers/nurses have been at the home several years and work 12- hour shifts four days a week. They said they were happy working at the home now. They have done a number of 'e-learning' training courses recently. The new manager has been making good changes such as refurbishing bedrooms. The recently appointed receptionist has been very helpful as well and they have sorted things out. Also the staff are happy with the new uniform policy. They would like to see light-weight summer uniforms implemented as the current uniforms are very warm in the summer.

Another carer has been at the home about a year and undertaken quite a lot of 'e-learning' training such as fire training, manual handling, SOVA and dignity training.

The receptionist has been at the home 4-5 weeks and has been busy implementing a number of improvements. There is a clocking in system for staff as well as time sheets. Duties include booking holidays and dealing with weekly staff pay. A number of spreadsheets have been introduced to increase efficiency.

Disclaimer

This report relates to the visit on 3 November 2014 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Post-visit information

Since our visit, the manager has informed us that further domestic staff have been employed to ensure that the home remains clean and tidy. We look forward to seeing how effective they have been when we next visit.

Participation in Healthwatch Havering

We need local people, who have time to spare, to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering. To achieve this we have designed 3 levels of participation which should allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Lead Members

To provide stewardship, leadership, governance and innovation at Board level. A Lead Member will also have a dedicated role, managing a team of members and supporters to support their work.

Active members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call our Manager, Joan Smith, on **01708 303 300**;
or email enquiries@healthwatchhavering.co.uk



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